

Employer's Reciprocal Coverage Election Supplemental Attachment

RTS-6A R. 01/13

Rule 73B-10.037 Florida Administrative Code



This form must be attached to each copy of the Employer's Reciprocal Coverage Election (RTS-6).

| 1. | The jurisdictions listed below are hereby included in Item 1 of the election to which this sheet is attached: | | | | | | |
|----|---|---------------------------|-------------------------------|-------|---|--------------|---------------------|
| | State | ice | | State | | % Of Service | |
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| 2. | The employees listed below are hereby included in Item 2 of the election to which this sheet is attached: | | | | | | |
| | Employee's Name | Social Security Number | Employee's Legal Residence | | | Basis for | Election in Florida |
| | | | | | a) Does some work in Floridab) Residence in Floridac) Related to a place of business in Florida | | |
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| | Date Firm – Name of Employer | | | | | | |

Social security numbers (SSNs) are used by the Florida Department of Revenue as unique identifiers for the administration of Florida's taxes. SSNs obtained for tax administration purposes are confidential under sections 213.053 and 119.071, Florida Statutes, and not subject to disclosure as public records. Collection of your SSN is authorized under state and federal law. Visit our Internet site at **www.myflorida.com/dor** and select "Privacy Notice" for more information regarding the state and federal law governing the collection, use, or release of SSNs, including authorized exceptions.